POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		6784	6/30/
O.I.P.E. CLASSIFIER		45-	10/4
FORMALITY REVIEW		853	10-30-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		!	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim		Date						Claim		Date						Claim		Date					
Final	Original							Final	Original							Final	Original							
	1								51								101							
	2								52								102							
	3								53								103							
	4								54								104							
	5								55								105							
	6								56								106							
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	47								97								147							
	48								98								148							
	49								99								149							
	50								100								150							

If more than 150 claims or 10 actions
staple additional sheet here

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